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ABSTRACT

That certain suicides (which can be designated as rational) ought not to be interfered with is closely tied to the notion of the "right to autonomy." Specifically it is because the individual in question has this right that interference is prohibited. A proper understanding of the right to autonomy, while essential to understanding why suicide is not always to be prevented, also serves to elucidate further the notion of rational suicide itself. Second-level autonomies, including free action, authenticity, effective deliberation, and reflection on moral values, determine the extent of first-level autonomy. A free act is intentional and voluntary. Authenticity involves consistency of action with values, interests, attitudes, disposition, and metaphysical worldview. Effective deliberation involves the weighing of alternatives and their consequences, followed by decision. Moral reflection involves choice of values. When the above criteria are satisfied, a person is autonomous and his suicide, if it should occur, is rational. (Author/ABL)

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Paper presented at the Annual Meeting of the American Association of Suicidology/International Association for Suicide Prevention, 20th, San Francisco, CA, May 25-30, 1987.

PERSONAL AUTONOMY AND RATIONAL SUICIDE

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ABSTRACT: Rational suicide is defended, using the concept of autonomy as an absolute right. Second-level antonomies, including free action, authenticity, effective deliberation, and reflection on moral values, determine the extent of first-level autonomy. A free act is intentional and voluntary. Authenticity involves consistency of action with values, interests, attitudes, disposition and metaphysical worldview. Effective deliberation involves the weighing of alternatives and their consequences, followed by decision. Moral reflection involves choice of values. When the above criteria are satisfied, a person is autonomous and his suicide, if it should occur, is rational.

We accept the concept of "rational suicide." We agree with Brandt and Motto saying that on occasion persons can have good reason for taking their lives; the taking of their lives is reasonable (Brandt, 1975; Motto, 1980). Also, we are in agreement with Brandt and Motto that such suicides ought not to be interfered with; prevention is out of place. But why out of place? Why, ought they not be interfered with? The answer to this question sheds light on the notion of rational suicide (i.e. clarifies it perhaps even sufficiently to be able to clinically distinguish rational from irrational suicide - Motto's problem).

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That certain suicides (those which we designate as rational) ought not to be interfered with, we believe is closely tied into the notion of the "right to autonomy." Specifically, it is because the individual in question has this right that prohibits interference. A proper understanding then of the right to autonomy, while essential to understanding why suicide is not always to be prevented, will also serve to further elucidate the notion of rational suicide itself.

Two fundamental philosophical positions on the right to autonomy have in recent years been held: 1) The right to autonomy is not absolute: hence paternalism can be justified and what needs to be done in medical ethics is to specify a set of conditions which would limit this right, and 2) The right to autonomy is absolute: however not

every being (even those competent) has this right. Only those beings who are autonomous to begin with can be accorded this right (Jackson and Youngner, 1979).

Bruce Miller holds the latter view maintaining that it illuminates problems regarding refusal of lifesaving treatment (Miller, 1981). We hold also to this latter view and maintain that it also illuminates problems regarding suicide.

Considering this view, various senses of autonomy are distinguished: There is first-level autonomy and various second-level senses. First-level autonomy is "self-determination, that the right to autonomy is the right to make one's own choices, and that respect for autonomy is the obligation not to interfere with the choice of another and treat another as being capable of choosing" (Miller, 1981).

Second-level autonomies are other senses of autonomy (all used in medical ethics) which determine whether a being is autonomous and hence whether or not he is first-level autonomous. Second-level autonomies include autonomy as a) free action, b) authenticity, c) effective deliberation and d) reflection on moral values. A free act is one which is both intentional and voluntary: The agent is conscious or aware of his act and he is not being unduly influenced or coerced by another; his action expresses his wishes, his desires, his wants. Authenticity means that the action is consistent with the person's values, interests, attitudes, disposition and metaphysical world view. Bluntly put, Miller says, the person is acting <u>in character</u>. Effective deliberation is when the situation requires a decision, the individual recognizes this, is aware of alternatives and their consequences, evaluates both and chooses on the basis of that evaluation. Moral reflection is the individual's acceptance of the values he holds vis-a-vis consideration having been given them in light of opposing values.

The degree to which the individual satisfies these second-level autonomies is the degree to which he may be said to be an autonomous being. Surely, if a person meets all four senses, he is unquestionably an autonomous being and hence is first-level autonomous having the right to self-determination. Correlatively, others have a duty

or obligation to respect this right. As an individual fails to meet these senses of autonomy, his very being as autonomous is called into question and hence also his right to self-determination. An autonomous being is not a static notion; it is not something one is but rather something one becomes by virtue of these autonomies. Interestingly, being an autonomous being is not based here on some notion of competency: Take t1 as an early point in time and t10 a later time; a person may be competent and be an autonomous being at t1 but not at t10.

Our contention is that a consideration of what the right to autonomy means can clarify the notion of rational suicide. In our analysis, a rational suicide is the act of an autonomous being and it is because it is the act of such a being that it ought not to be prevented. The same may be said of certain refusal of treatments (life-saving or otherwise) and indeed other acts which are self-referential.

The notion of an "autonomous being" then is a notion out of which emerges various acts, rational suicide being only one, to which the right to autonomy ought to be respected and hence those acts not be prevented nor interfered with. Some hold that individuals have a right to suicide although that right might be limited. Motto (1980), for instance, speaking from a psychiatric point of view, says that the question is not whether individuals have the right to suicide (unquestionably they have) but instead, what is the extent to which the exercise of that right should be subject to limitations?

Under our thesis the right to suicide becomes an extension of the right to autonomy, a possible way in which an autonomous being is entitled to exercise his autonomy. Talk of limitations of this right (to suicide) is unnecessary given the notion of an autonomous being just discussed. In other words, by definition, situations in which we might not want to permit suicide are negated. If we are correct, the right to autonomy is a more primitive notion than rights such as suicide or refusal of treatment. These latter rights are not in our thesis prima facie subject to limitations.

They are absolute rights to be assigned only to autonomous beings. They are ways in which autonomous beings may choose to exercise their autonomy. Consequently paternalism is unjustified. What needs to be more adequately explored, and articulated, presuming the right-headedness of our thesis, is the concept of an "autonomous being" taking into consideration the key aspects to autonomy which are generally called attention to in medical ethics. Let's attend more closely to this matter.

a) Autonomy as Free Action: Autonomy as free action means that the person's act was done knowingly and willingly. He was conscious of what he was doing and he voluntarily performed that action. He was not unduly forced or coerced by another. Rather his action expressed his wishes or desires. Unwilling kamikaze pilots who flew suicide missions not because they wanted to but rather to avoid death by a firing squad and subsequent familial disgrace would be a counter-example to autonomy as free action.

Battin (1980) speaks of manipulated suicide as a possibility concurrent with the notion of rational suicide. By this she means that given the validity of rational suicide, manipulators will create situations or circumstances (which they wouldn't otherwise create) for the sole purpose of manipulating others into choosing suicide rationally. The daughter-in-law, for example, who will not change the sheets of an incontinent mother-in-law so that suicide finally seems a rational alternative to this situation. Given the legitimacy of rational suicide, this kind of intrusion must be guarded against and prone individuals protected. We can't, however, allow possible abuse here as grounds for refusing to recognize an otherwise legitimate notion any more than we could reject our constitutional form of government because of the possibility of abuse there.

In our conception of autonomy as free action, persons under Battin's created situations could be said to have acted freely. Unfortunately, however, the question is: given the circumstances (how they came about is irrelevant), is the agent now in these circumstances freely electing death, does suicide express his wishes? If the answer is yes - conditions here are satisfied. There is autonomy as free action.

b) Autonomy as Authenticity: Autonomy as authenticity means that an act is consistent with one's values, interests, attitudes, disposition and metaphysical world view (i.e., view of reality).

The presumption is that there is something stable about each of our natures. We hold relatively long-term sets of values, interests, attitudes and metaphysical world views. They provide the basis for describing a person as being of a certain character and additionally as acting on occasion out of character. Karl Marx, for example, might be characterized as a left-wing, militant, atheistic socialist. All things being equal, if Marx were to attend church or support capitalism, he would be acting out of character since these activities conflict with the values and interests we know Marx held.

On occasion our character components can conflict. When this happens, in an attempt to act authentically, one must resolve the conflict by deciding which value or interest takes precedence. Such would be the case with the charitable Democrat who is asked to contribute to a worthwhile cause, but it is one being spearheaded by Republicans. All things being equal, this person should act charitably. But all things are not equal; the Republican Party is at odds with his Democratic affiliation. If he resolves the conflict by giving priority to his Democratic interests over charity, and acts accordingly, he may be said to have acted out of character with regard to another particular trait, that of his charitable nature. Still overall, he must be said to have acted in character or authentically.

We asked whether attending church or beneficence versus party loyalty would be consistent with the collective patterns an individual holds. We can make the same kind of inquiry about the act of suicide.

Most of us have and continue to have an interest in living. Partially this is because life itself is the arena in which it is possible to fullfill one's other interests. It is in this manner that suicide is precluded from being an authentic act for most. Can suicide, however, be an authentic act for others? Defenders of rational suicide would

contend that it can. The most obvious and least controversial case, (hence the one commonly cited as an instance of rational suicide) is painful terminal illness. Surely we can conceive of individuals (e.g. Jonathan Swift) who under this state of affairs are not able to realize their particular interests. Interests (e.g. spiritual) which enable others to endure in similiar adverse circumstances are not possible for these persons. In the total scheme of things they would not be acting unauthentically were they to end their existence. But what of the Japanese who commits suicide to "save face," the aging Eskimo, believing that a good immortality is positively correlated with physical well being, who rafts out into the wilderness so that death precedes physical deterioration, the African kings who terminated their lives at signs of feebleness of body to reach further divine states, Socrates drinking the poison hemlock out of allegiance to Athenian law, the pilot who deliberately crashes in a distant field instead of bailing out over a heavily populated area, Captain Oates leaving the Scott expedition and freezing to death so as not to be a burden to his comrades who without him might make it to safety, Indian women who self-immolate (commit suttee) at the death of their husbands? Can these individuals likewise be said to have acted authentically? Our contention is that they can.

David Wood (1980) differentiates between instrumental and expressive suicide, the instrumental being where the individual's suicide is directed toward a particular causal consequence, the expressive being where the person's suicide is intended to convey a meaning. The Eskimo's metaphysical world view like the Christian's includes a belief in immortality. However, unlike the Christian belief, the Eskimo's is combined with physical well-being in this life as a requirement of a desirable afterlife. Suicide here serves as an instrument to a worthwhile immortality. Socrates' suicide is expressive of his conviction that the laws of Athens must be obeyed by its citizens. Death in both instances is consistent with the one's interests or values, not jeopardizing one's immortality and not compromising one's principles respectively.

Metaphorically authenticity can be understood by imagining the individual to be a jigsaw puzzle. There are many parts which need positioning to ultimately make a harmonious whole. For some suicide is the climax to a completed puzzle.

Authenticity, as it has been considered above is authenticity on a descriptive level: values or interests of individuals have been reported or described and estimations of authenticity have been made in reference to those reports. There is, however, another level, a normative one, where questions are raised and judgments are made about those reported value systems or patterns and estimations of authenticity are made on the basis of these judgments: Typical questions raised might be:

1) What can be said of the individual's metaphysical view?

2) If it is or if it is assumed to be plausible, do the various interests which the individual holds on the basis of this view follow?

3) Is the individual's hierarchy of values or interests valid?

The nature of these questions is such that either they are unanswerable or disputable unless of course a note of possibly cold empiricism or ethnocentricism is introduced, an introduction which itself is problematic. Overseeing any normative enterprise is the perennial problem of ethical relativism vs. ethical objectivism; whether there is an objective set of values. That is, are there ways of acting, some right, others wrong, which are universally binding for all mankind (values which transcend the thinking of any particular culture) or are values culturally dependent (i.e. society is their source)? If the latter, are there then values which are better or worse than others within a cultural framework?

c) Autonomy as Effective Deliberation: Autonomy as effective deliberation means that there is a need to make a decision, the individual recognizes this need, is aware of the alternative actions and their consequences, evaluates both and chooses on the basis of that evaluation.

On occasion, prima facie there seems to be a need to make a decision but in actuality there is not. Such would be the case with the person who concludes he is dying on the basis of a self-diagnosis or an odd glance from his physician or loved ones subsequent to their speaking to his physician.

Most of us are familiar with the obstacles which Brandt maintains may get in the way of a person in despair making a rational decision: overlooking possible courses of action which may alleviate the despair, assigning minimal probability to alternative actions resulting in desirable consequences, and resignation to an unhappy future. Effective deliberation cannot take place and if such individuals can be made aware of these obstacles, they should put off their suicide until such time that their vision is no longer clouded. Effective deliberation, then, supposes that one is not desperate, that one is clearly able to recognize alternatives and their consequences. One must be conscious of the consequences of the act of suicide itself for himself and others.

Various studies indicate that this is not always the case. For example: there are those who don't recognize that suicide means dead and instead conceive of it as a deep sleep from which one will awaken. There are those who, as Joyce Carol Oates (1980) points out, confuse death in the metaphorical language of the Romantic poets with reality. And lastly, there are those who possibly commit the logical fallacies of which Shneidman and Farberow (1957) speak also indicating a lack of awareness of actual consequences. For instance, the semantic fallacy where the individual confuses the I experienced by himself and the I experienced by others; "I will kill myself, therefore I will get attention." Egoistic suicide for the purpose of revenge would involve a similiar fallacy.

d) Autonomy as Moral Reflection: Autonomy as moral reflection means that the person to some degree has considered the values upon which he acts in light of opposing values and accepts those values as his own.

In the process of socialization we have each been handed a set of values; our values, given moral reflection, may be those values or they may vary in lesser or larger degree from them.

Autonomy as moral reflection is related to autonomy as authenticity in that the set of values one adopts is a main determinant of authenticity.

Conclusion

These four considerations: autonomy as free action, authenticity, effective deliberation and moral reflection serve as the foundation for first-level autonomy, in our view the essential for rational suicide. Occasionally persons can have good reason for taking their lives; the taking of their lives is reasonable. These occasions are precisely those instances where the individual, having satisfied the various second-level autonomies, may be said to be an autonomous being; the "self" is autonomous, self-governing, self-directing. The "self" here is quite unlike the "self" on other occasions where we feel we do have an obligation or duty to intervene to prevent the person's death. To distinguish the self on these rather different occasions, we introduce the term "euselbicide" (which like suicide means self-killing) as a substitute for rational self-killing (presently designated "rational suicide") (Webber, 1986).

REFERENCES

Battin, M. Manipulated suicide. In D. Mayo (Ed.), Suicide: The Philosophical Issues. New York: St. Martin's Press, 1980.

Brandt, R. The morality and rationality of suicide. In S. Perlin (Ed.), A handbook for the study of suicide. Oxford: Oxford Univ. Press, 1975.

Jackson, D. and Youngner, S. Patient antonomy and death with dignity. New England Journal of Medicine, 1979, 301, 404-408.

Miller, B. Antonomy and the refusal of lifesaving treatment. In The Hastings Center Report, Aug., 1981, 22-28.

Motto, J. The right to suicide: A psychiatrist's view. In D. Mayo (Ed.), Suicide: The Philosophical issues. New York: St. Martin's Press, 1980.

Oates, J.C. The art of suicide. In D. Mayo (Ed.)., Suicide: The philosophical issues. New York: St. Martin's Press, 1980.

Shneidman, E. and Farberow, N. The logic of suicide. In E. Shneidman and N. Farberow (Eds.), Clues to Suicide. New York: McGraw-Hill, 1957.

Webber, M. A key to revisionist thinking on suicide. Dialogos, 1986, 47, 121-133.

Wood, D. Suicide as instrument and expression. In D. Mayo (Ed.), Suicide: The philosophical issues. New York, St. Martin's Press, 1980.